$15.00 FEE REQUIRED
SOUTHWEST BAPTIST UNIVERSITY

OFFICE OF THE REGISTRAR
PHONE 417.328.1606
FAX 417.328.1996

REQUEST FOR REPLACEMENT DIPLOMA

Please complete, sign and return this form along with a payment of $15.00 for each replacement diploma to:

Office of the Registrar, Southwest Baptist University
1600 University Avenue, Bolivar, MO 65613

PLEASE NOTE:

1. There is a $15.00 fee per replacement diploma. The payment must be received prior to processing a request. Payment must be included with this form.
2. Replacement diplomas should be mailed approximately two (2) weeks after receipt of the request and payment.

PLEASE CAREFULLY PRINT YOUR RESPONSES:

Date of Graduation (semester and year): _____

Degree Received: ❑ Associate ❑ Bachelor's ❑ Master's ❑ Specialist ❑ Doctorate

Major/Specialization: _____

Student Identification Number: _____

NAME

TYPE or PRINT name EXACTLY as it is to appear on the diploma, clearly indicating spacing and capitalization.

FIRST _____

MIDDLE_____

MAIDEN (optional) _____

LAST_____

SUFFIX (optional) _____(JR., SR., II, IV, etc.)

DIPLOMA MAILING ADDRESS Do not leave blank- the diploma will be mailed to this address.

_____

Street/Box City County State Zip Code

Telephone Number (including area code) ***E-Mail Address:***

(home)_____ _____

(work) _____

The student understands that depending on the graduation date, the diploma may not be the exact replica of the original document.

STUDENT SIGNATURE_____

DATE_____

FOR OFFICE USE ONLY:
____**Fee Received** _____**Honors**
Mailed (Date/Initials):